Short Doyle II
Aid Codes Master Chart

Overview

The following chart organizes Medi-Cal aid codes into four groups based on the percent of federal financial participation (FFP) that will be paid for Medi-Cal eligibles within that group, provided FFP is available:

- Refugee (100% FFP)
- Title XXI of the Social Security Act (Enhanced FFP) at 65%
- Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes (Enhanced FFP) at 65%
- All other aid codes (Regular FFP) at Title XIX

Within these groups, the program/description column identifies aid codes for State-only Medi-Cal programs (no FFP) and programs that have restrictions on the services for which FFP is available. These aid codes are also identified by color coding and font/italics/underlining (see footnotes).

NOTE: Aid codes with restricted services because of citizenship or alien status are funded by Title XIX for emergency services (including labor & delivery), and Title XXI (Enhanced FFP) for Pregnancy Services.

In California, the Healthy Families program (HFP) was established to provide a basic health benefit package that includes a mental health benefit for children assessed with serious emotional disturbances (SED) and are reimbursed using the enhanced FMAP of 65% under Title XXI. Mental health services for these children are provided by the county mental health departments and the related eligibility Aid Codes for services provided under the Healthy Families Program are categorized under the State Children's Health Insurance Program (SCHIP) as indicated in the Med-Cal Eligibility Group (MEG) column. California was also given the option of expanding Medi-Cal eligibility for certain populations of children for the provision of health and mental health services. Known in California as MCHIP services are reimbursed for "optional targeted low-income children" using the enhanced FMAP of 65% under Title XXI. These children are defined in federal law as targeted low-income children who would not otherwise qualify for Medicaid.

The chart columns DMH and the Medical Eligibility Group (MEG), ADP , SD/MC (Short Doyle Medi-Cal), Inactive in MEDS and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) indicate claims processing or program source and service eligibility information that applies to beneficiaries in the aid category. The DMH and ADP column indicate a "yes" if the aid code is appropriate for use by DMH and/or ADP; and "no" if it is not. The SD/MC column indicates the effective date of the aid code for Short Doyle II. The Inactive in MEDS column indicates the date for which FFP is no longer available for an aid code. The EPSDT column identifies aid codes that may include beneficiaries under age 21 who are eligible for expanded Medi-Cal benefits under the EPSDT program.

Please note: When an aid code is both Restricted (green) and Emergency (blue); then Blue (emergency) takes precedence. When an aid code is both Restricted and State Funded (red) only, the Red (State-Funded) takes precedence.

Historical FFP Rates

Federal Fiscal Year (October 1 through September 30)	Regular FFP	Enhanced FFP
2011 - 2012	50.00%	65.00%
2010 – 2011	50.00%	65.00%
2009 – 2010	50.00%	65.00%
2008 – 2009	50.00%	65.00%
2007 – 2008	50.00%	65.00%

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2006 – 2007	50.00%	65.00%
2005 – 2006	50.00%	65.00%
July 1, 2004 – September 30, 2005 (As of Date of Payment)	50.00%	65.00%
October 1, 2003 – June 30, 2004 (As of Date of Payment)	52.95%	65.00%
April 1, 2003 – September 30, 2003 (As of Date of Payment)	54.35%	65.00%
October 1, 2002 – March 31, 2003 (As of Date of Payment)	50.00%	65.00%
2001 – 2002	51.40%	65.98%
2000 – 2001	51.25%	65.88%
1999 – 2000	51.67%	66.17%

Effective October 1, 2008, Beneficiary Services received a stimulus of 11.59% FMAP rate for FY 08/09 with a date of service from October 1, 2008 through December 31, 2010. On August 10, 2010 the American Recovery and Reinvestment Act (ARRA) of 2009 was extended to continue the additional Federal assistance for six months, ending June 30, 2011, but would phase down the level of assistance. Therefore, the ARRA FMAPs for QTR 2 of FY 2011 are 3 percent less than the QTR 1 levels (6.2 percent minus 3.2 percent) and the ARRA FMAPs for QTR 3 of FY 2011 are 2 percent less than those for QTR 2 (3.2 percent minus 1.2 percent). Please see chart below:

Historical Stimulus Rates for Beneficiary Services Only

Federal Fiscal Year	Regular FFP
April 1, 2011 – June 30, 2011	56.88%
January 1, 2011 – March 31, 2011	58.77%
October 1, 2010 – December 31, 2010	61.59%
October 1, 2009 – September 30, 2010	61.59%
October 1, 2008 – September 30, 2009	61.59%

Special Indicators

These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: A RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

Aid Codes Master Chart Contact Information for DMH

Web site: http://www.dhcs~~dmh~~.ca.gov/MedCCC/
Email: MedCCC@dhcs.ca.gov
~~Medccc@dmh.ca.gov~~

Field Code Changed

Aid Codes Master Chart Contact Information for ADP

Web site: **http://www.adp.ca.gov/pdf/ADP_Aid_Codes_Master_Chart.pdf**
Email: **Anthony.Ortiz@adp.ca.gov; Jim.Jacobson@adp.ca.gov**

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SD/MC Aid Codes Change Log

New Revision	Previous Revision	Added Codes	Removed from SD II	Changed Codes/Other
9/10/2008	10/17/2003	3D, 3W, 65, 06, 46, 0W		
2/11/2010	9/10/2008	C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, 2H, 5E, 8U, 8V, E1		8X, 0M, 0N, 0P,1X,1Y,47,8W, Changed from restricted to Full Benefits
8/9/2010	2/11/2010	None		All BCCTP aid codes updated Enhanced FFP – page 6
8/25/2010	8/9/2010	None		Updated '0U' benefits to be 'FFP Funds for Emergency *&* Pregnancy only'
9/13/2010	8/25/2010			Aid Codes E1, C3, C4, C5, C6, C7, C8, C9, D1, D4, D5, D6 and D7 changed to indicate "N" in the EPSDT column.
10/7/2010	9/13/2010	4H, 4L – active in MEDS on 12/13/2010 **Please note 3N was replaced by 4L**		Changed table deleted EDS and SD/MC- added effective dates and inactive dates
1/13/11	1/7/11	4T	4G, 5X, 5Y, 53, 0R, 0T, 8Y, 81, = **not eligible for FFP**	
1/21/11	1/13/11			7M, 7N, 7P, changed to "No" for DMH. These aid codes are not eligible for FFP.
1/27/11	1/21/11	4G on 1/25/11 (previously removed in error)		
2/11/11	1/27/11	74 for ADP (pending ITSD deployment)		Listed 8U and 8V under Title 19.
2/28/11	2/116/11	74 activated for ADP on 2/25/11		Added footnotes for aid codes 5E, 8E & 8W.

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New Revision	Previous Revision	Added Codes	Removed from SD II	Changed Codes/Other
5/6/11	2/28/11			Changed ARRA language and added 7/1/11 -9/30/11 at 50% to chart. Organized aid codes according to funding. 7X, 8X now listed under Title 21~~19~~ and "Yes" EPSDT.
9/13/11	2/28/11		65, 7R= **not eligible for FFP**	
12/02/11	9/13/11	07, 4N, 4S, 4W, 43, 49		Updated description for aid codes 3G, 3H, 3N, 3P, 3R, 30, 32, 33, 35, 39 and 59

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Refugee Aid Codes (100% FFP through-Refugee Resettlement Program) These aid codes are funded by the Refugee Resettlement Program (not Title XIX or XXI)								
						Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
0A	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	Yes	Yes			Yes
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.	Yes	Yes			Yes
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.	Yes	Yes			Yes
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.	Yes	Yes			Yes

Healthy Families - MRMIB Title XXI (Enhanced FFP 65%)						**Effective Dates**		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
E1	***Restricted to Pregnancy and emergency services***	No	*Unverified citizens. Covers eligible unverified citizen children.* *One Month Medi-Cal to Healthy Families Bridge.* *Prenatal and Emergency Services Only.* *Covers services only to eligible children ages 0-19, who are unverified citizens*	Yes	Yes	10/25/10		No
7X	Full	No	One-Month Healthy Families (HF) Bridge (FFP). Provides one additional calendar month of health care benefits with no Share of Cost, through the same health care delivery system, to Medi-Cal-eligible children meeting the criteria of the HF Bridging Program.	Yes	Yes			Yes

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8X	Full	No	Medically Indigent (MI)-Accelerated Enrollment (AE)-CHDP Gateway for Healthy Families. Provides for the pre-enrollment of **CHILDREN** into the Medi-Cal program who are **Screened** as **Probable Healthy Families Eligibles.** Provides **Temporary**, full scope Medi-Cal benefits with no SOC.	Yes	Yes			Yes
Healthy Families - MRMIB Title XXI (Enhanced FFP 65%)						**Effective Dates**		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the federal poverty level. HF covers medical, dental and vision services to enrolled children.	Yes	No			No
9R	CCS Services only (no Medi-Cal)	No	CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management)	Yes	No			No

Regular FFP Aid Codes- Title XIX								
						Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.	Yes **Foster Care**	Yes			Yes
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.	Yes **Foster Care**	Yes		9/30/90	Yes
06	Full	No	Adoption Assistance Program (AAP) Child. Covers children receiving federal AAP cash subsidies from out of state. Provides eligibility for Continued Eligibility for Children (CEC) if for some reason the child is no longer eligible under AAP prior to his/her 18th birthday.	Yes **Foster Care**	No			Yes
07	Full	No	AAP Title IV-E Federal Cash and Medi-Cal.	Yes **Foster Care**	Yes	1/1/12		Yes

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Regular FFP Aid Codes- Title XIX

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
0W	Full	No	Provides transitional no cost-full scope Medi-Cal coverage while county makes determination of eligibility under any other Medi-Cal program to beneficiaries formerly in aid code OP who no longer meet federal BCCTP requirements due to turning 65, obtaining creditable health insurance or who no longer need treatment for breast and/or cervical cancer.	Yes	**Other**	Yes	8/4/10		Yes
1E	Full	No	Continued eligibility for the Aged (FFP), Covers former SSI beneficiaries who are Aged (with exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their eligibility.	Yes	**Other**	Yes			No
1H	Full	No	Federal poverty level – Aged (FPL-Aged) Provides full scope (no share of cost) Medi-Cal to qualified aged individuals/couples.	Yes	**Other**	No			No
1X	Full	No	**Multipurpose Senior Services Program Medi-Cal Qualified,** Eligible due to application of spousal impoverishment rules. Covers persons 65 years and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.	Yes	**Other**	Yes			No
1Y	Full	Yes	**Multipurpose Senior Services Program Medi-Cal Qualified,** Eligible due to application of spousal impoverishment rules. Covers persons 65 yrs and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.	Yes	**Other**	Yes			No
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older.	Yes	**Other**	Yes			No
13	Full	Y/N	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	Yes	**Other**	Yes			No
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	**Other**	Yes			No

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Regular FFP Aid Codes- Title XIX

Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	Effective Dates SD/MC	Effective Dates Inactive in MEDS	EPSDT
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the Lynch v. Rank lawsuit.	Yes	**Other**	Yes			No
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.	Yes	**Other**	Yes			No
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.	Yes	**Other**	Yes		1/31/06	No
2A	Full	No	Abandoned baby program. Provides full scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act	Yes	**Other**	No			Yes
2E	Full	No	Continued eligibility for the Blind (FFP), Covers former SSI beneficiaries who are Blind (with exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their eligibility.	Yes	**Other**	Yes			Yes
2H	Full	No	Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.	Yes	**Disabled**	Yes	10/25/10		Yes
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program administered by the SSA, which pays a cash grant to needy blind persons of any age.	Yes	**Other**	Yes			Yes
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	Yes	**Other**	Yes			Yes

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Regular FFP Aid Codes- Title XIX

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	**Other**	Yes			Yes
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the Lynch v. Rank lawsuit. (See aid code 16 for definition of Pickle eligibles.)	Yes	**Other**	Yes			Yes
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	Yes	**Other**	Yes			Yes
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)	Yes	**Other**	Yes		1/31/06	Yes
3A	Full	No	SAFETY NET – All other Families, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from assistance unit (AU) due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.	Yes	**Other**	Yes			Yes
3C	Full	No	SAFETY NET – Two Parent, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from AU due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.	Yes	**Other**	Yes			Yes
3D	Full	No	Not on cash aid, but cash-linked Medi-Cal eligible because the individual has been determined to be eligible for CalWORKs.	Yes	**Other**	Yes			Yes

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Regular FFP Aid Codes- Title XIX

Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	Effective Dates SD/MC	Effective Dates Inactive in MEDS	EPSDT
3E	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.	Yes	Other	Yes			Yes
3G	Full	No	CalWORKS – Zero Parent Exempt.	Yes	Other	Yes			Yes
3H	Full	No	CalWORKS – Zero Parent Mixed.	Yes	Other	Yes			Yes
3L	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.	Yes	Other	Yes			Yes
3M	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.	Yes	Other	Yes			Yes
3N	Full	No	Aid to Families with Dependent Children (AFDC) – 1931(b) Non-CalWORKS	Yes	Other	Yes		12/13/10 Replaced by 4L	Yes
3P	Full	No	CalWORKS – All Families – Exempt.	Yes	Other	Yes			Yes
3R	Full	No	CalWORKS – Zero Parent – Exempt.	Yes	Other	Yes			Yes
3U	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.	Yes	Other	Yes			Yes
3W	Full	No	Temporary Assistance to needy Families (TANF) Timed-Out Mixed Case	Yes	Other	No			Yes
30	Full	No	CalWORKS – All Families	Yes	Other	Yes			Yes
32	Full	No	TANF Timed out.	Yes	Other	Yes		11/1/85	Yes
33	Full	No	CalWORKS – Zero Parent	Yes	Other	Yes			Yes
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	Yes	Other	Yes			Yes
35	Full	No	CalWORKS – Two Parent	Yes	Other	Yes			Yes

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Regular FFP Aid Codes- Title XIX

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.	Yes	**Disabled**	Yes			Yes
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.	Yes	**Other**	Yes			Yes
38	Full	No	Continuing Medi-Cal Eligibility (FFP). Edwards v. Kizer court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate *Notice of Action* sent.	Yes	**Other**	Yes			Yes
39	Full	No	~~Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to AFDC cash grant discontinuance due to increased earnings, increased hours of employment or loss of the $30 and 1/3 disregard.~~ Initial Transitional Medi-Cal (TMC) (6 months). Provides six months of coverage for those discontinued from CalWORKs or the Section 1931(b) program due to increased earnings or increased hours of employment.	Yes	**Other**	Yes			Yes
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).	Yes	**Other**	Yes			Yes

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Regular FFP Aid Codes- Title XIX

Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	Effective Dates SD/MC	Effective Dates Inactive in MEDS	EPSDT
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.	Yes	Foster Care	Yes			Yes
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.	Yes	Foster Care	Yes			Yes
4H	Full	No	Foster Care children in CalWorks	Yes	Foster Care	Yes	12/13/10		Yes
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.	Yes	Foster Care	Yes			Yes
4L	Full	No	Foster care children in Social Security Act Title XIX, Section 1931 (b) program	Yes	Foster Care	Yes	12/13/10		Yes
4M	Full	No	FORMER FOSTER CARE CHILDREN. This program covers former foster care youth who were in foster care on their eighteenth birthday. Coverage extends until the 21st birthday and provides full-scope, no-cost benefits.	Yes	Other	Yes			Yes
4N	Full	No	CalWorks FC State Cash Aid/ FFP Medi-Cal.	Yes	Foster Care	Yes	1/1/12		Yes
4P	**Restricted** Full	No	CalWORKs Family reunification – **All Families** (FFP) Provides for the continuance of CalWORKS services (includes Medi-Cal) to all families except two parent families, under certain circumstances, **when a child has been removed from the home and is receiving out-of-home care**		Other			10/25/10	
4R	**Restricted** Full	No	CalWORKs Family reunification – **Two Parent** (FFP) Provides for the continuance of CalWORKS services (includes Medi-Cal) to two parent families, under certain circumstances, **when a child has been removed from the home and is receiving out-of-home care**		Other			10/25/10	
4S	Full	No	KinGAP Title IV-E Federal Cash and Medi-Cal.	Yes	Foster Care	Yes	1/1/12		Yes
4T	Full	No	Children in IV-E KinGAP Program.	Yes	Foster Care	Yes	1/10/11		Yes
4W	Full	No	KinGAP State Cash Aid/FFP Medi-Cal after full Medi-Cal determination.	Yes	Foster Care	Yes	1/1/12		Yes

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Regular FFP Aid Codes- Title XIX

Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	Effective Dates SD/MC	Effective Dates Inactive in MEDS	EPSDT
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	Yes	**Foster Care**	Yes			Yes
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	Yes	**Foster Care**	Yes			Yes
43	Full	No	AFDC-FC State Cash Aid/FFP Medi-Cal.	Yes	**Foster Care**	Yes	1/1/12		Yes
44	**Restricted** to pregnancy related services	No	Income Disregard Program. **Pregnant** (FFP) United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.	Yes	**Other**	Yes			No
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.	Yes	**Other**	Yes			Yes
46	Full	No	Out of State Interstate Compact Foster Care children from out of state placed in CA	Yes	**Foster Care**	No			Yes
47	Full	No	Income Disregard Program (FFP). **Infant** – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.	Yes	**Other**	Yes			Yes
49	Full	No	AFDC-FC Title IV-E/Federal Cash and Medi-Cal	Yes	**Foster Care**	Yes	1/1/12		Yes
5E	Full	No	Healthy Families to the Medi-Cal Presumptive Eligibility (PE) program. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19. ***Please note: T21 through 3/31/09; however T19 funded effective 4/1/09.***	Yes	**Other**	Yes	10/25/10		Yes

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Regular FFP Aid Codes- Title XIX

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.	Yes	**Foster Care**	Yes			Yes
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.	Yes	**Other**	Yes			Yes
59	Full	No	Continuing TMC (6 months). Provides an additional six months of TMC for beneficiaries who had six months of initial TMC coverage under aid code 39	Yes	**Other**	Yes			Yes
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).	Yes	**Other**	Yes			Yes
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).	Yes	**Disabled**	Yes			Yes
6E	Full	No	Continued eligibility for the Disabled (FFP), Covers former SSI beneficiaries who are Disabled (with exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their eligibility.	Yes	**Disabled**	Yes			Yes

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Regular FFP Aid Codes- Title XIX

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.	Yes	**Disabled**	Yes	3/16/09		Yes
6H	Full	No	Federal Poverty Level – Disabled (FPL Disabled). Provides full-scope Medi-Cal (No share of cost) to qualified disabled individuals/couples	Yes	**Disabled**	Yes			Yes
6J	Full	No	SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.	Yes	**Other**	Yes			No
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6P) who are appealing their cessation of SSI disability.	Yes	**Disabled**	Yes			Yes
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.	Yes	**Disabled**	Yes			Yes

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Regular FFP Aid Codes- Title XIX

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
6R	Full	Yes	SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.	Yes	**Disabled**	Yes			No
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.	Yes	**Disabled**	Yes			Yes
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.	Yes	**Disabled**	Yes			Yes
6X	Full	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.	Yes	**Disabled**	Yes			Yes
6Y	Full	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.	Yes	**Disabled**	Yes			Yes
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.	Yes	**Disabled**	Yes			Yes
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	Yes	**Disabled**	Yes			Yes
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.	Yes	**Disabled**	Yes			Yes
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. No age limit for this aid code.	Yes	**Disabled**	Yes			Yes

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Regular FFP Aid Codes- Title XIX

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.	Yes	**Disabled**	Yes			Yes
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS).	Yes	**Disabled**	Yes		1/31/06	Yes
69	***Restricted*** *to emergency services*	*No*	*Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides* ***Emergency*** *services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.*	*Yes*	**Other**	*Yes*			*No*
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	**Other**	Yes			Yes
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to the 19 years of age who would otherwise lose their share of cost	Yes	**Other**	Yes			Yes
7M	**Restricted Valid for Minor Consent Services**	**Y/N**	**Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. State Funds**	**No**		**Yes**			No
7N	**Restricted** Valid for Minor Consent Services	No	Minor consent Program (FFP). Covers **pregnant female minors under age 21**. Limited to services related to pregnancy and family planning	No		Yes			No

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Regular FFP Aid Codes- Title XIX

Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	Effective Dates SD/MC	Effective Dates Inactive in MEDS	EPSDT
7P	**Restricted Valid for Minor Consent Services**	**Y/N**	**Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. State Funds**	**No**		**Yes**			No
72	Full	No	133 Percent Program. Child-United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.	Yes	**Other**	Yes			Yes
74	***Restricted*** *to emergency services*	*No*	*133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides* ***Emergency*** *services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.*	*Yes*	**Other**	*Yes*			*No*
76	**Restricted** to 60-day postpartum services	No	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to **women** who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all-postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.	Yes	**Other**	Yes			No
8E	Full	No	Accelerated Enrollment. Provides immediate , temporary, fee-for-service, full scope Medi-Cal benefits to children under the age of 19 ***Please note: T21 through 3/31/09; however T19 effective 4/1/09.***	Yes	**Other**	Yes			Yes

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Regular FFP Aid Codes- Title XIX

Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	Effective Dates SD/MC	Effective Dates Inactive in MEDS	EPSDT
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.	Yes	Other	Yes			Yes
8U	Full	No	CHDP Gateway Deemed Infant. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.	Yes	Other	Yes	10/11/10		Yes
8V	Full	Yes	CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.	Yes	Other	Yes	10/11/10		Yes
8W	Full	No	Medically Indigent (MI)-Accelerated Enrollment (AE)- CHDP Gateway for Medi-Cal. Provides for the pre-enrollment of **CHILDREN** into the Medi-Cal program who are **Screened** as **No Cost Medi-Cal Eligibles.** Provides **Temporary**, full scope Medi-Cal benefits with no SOC. ***Please note: T21 through 3/31/09; however T19 effective 4/1/09.***	Yes	Other	Yes			Yes
80	**Restricted** to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). **Provides payment of** Medicare Part A premium and **Part A and B coinsurance and deductibles** for eligible low income aged, blind, or disabled individuals.	No		Yes with MQ			No
82	Full	No	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.	Yes	Other	Yes			Yes
83	Full	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	Yes	Other	Yes			Yes

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Regular FFP Aid Codes- Title XIX

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
86	Full	No	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.	Yes	Other	Yes			No
87	Full	Yes	MI-Confirmed Pregnancy (FFP). Covers person's aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.	Yes	Other	Yes			No

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Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes (Enhanced FFP 65%) Title XIX

							Effective dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
0M	Full	No	BCCTP- Accelerated Enrollment (AE). Provides AE for temporary full-scope, no SOC Medi-Cal for **females** under 65 years of age who are diagnosed with breast and/or cervical cancer. Eligibility limited to 2 months	Yes	Other	Yes			Yes
0N	Full	No	BCCTP-AE, Provides AE for temporary full-scope, no SOC Medi-Cal for **females** under 65 years of age who have diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. No time limit	Yes	Other	Yes			Yes
0P	Full	No	BCCTP-Federal, Provides full-scope, no SOC Medi-Cal for **females** under 65 years of age who have diagnosed with breast and/or cervical cancer and are without creditable insurance coverage	Yes	Other	Yes			Yes

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Title XXI only Aid Codes (Enhanced FFP 65%)

							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**

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Title XXI only Aid Codes (Enhanced FFP 65%)									
							Effective Dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH**	**MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**
8N	***Restricted*** *to emergency services*	*No*	*133 Percent Program (OBRA). Child Undocumented / Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.* ***Emergency***	*Yes*	**MCHIP**	*No*			*No*
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.	Yes	**MCHIP**	Yes			Yes
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident / PRUCOL / (IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	**MCHIP**	Yes			Yes
8T	***Restricted*** *to pregnancy and emergency services*	*No*	*100 Percent Program. Child-Undocumented / Nonimmigrant Status / (IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.* ***Emergency***	*Yes*	**MCHIP**	*Yes*			*No*

Breast and Cervical Cancer Treatment Program (BCCTP) (Enhanced 65%)								
Title XIX (EMERGENCY) and Title XXI (PREGNANCY)						Effective dates		
Code	**Benefits**	**SOC**	**Program / Description**	**DMH MEG**	**ADP**	**SD/MC**	**Inactive in MEDS**	**EPSDT**

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Breast and Cervical Cancer Treatment Program (BCCTP) (Enhanced 65%)									
Title XIX (EMERGENCY) and Title XXI (PREGNANCY)							Effective dates		
Code	Benefits	SOC	Program / Description	DMH MEG		ADP	SD/MC	Inactive in MEDS	EPSDT
0U	***Restricted*** *Services FFP Funds for Emergency only* **Otherwise Restricted Services State funds**	*No*	**BCCTP Provides services for females with unsatisfactory immigration status, who are under 65 years of age, who have been diagnosed with breast and/or cervical cancer and are found in need of treatment**. *They are eligible for Federal BCCTP for* ***Emergency*** *services for the duration of treatment. Does not cover individuals with creditable health insurance.* **State-only cancer treatment payments are 18 months (breast) and 24 months (cervical).**	**Yes** *Yes*	***Other***	*No*			*No*
0V	***Restricted*** *Services FFP Funds for Emergency only* **Otherwise** Restricted Services State funds	*No*	***Post 0U*** *eligibility for federal Medi-Cal* ***Emergency*** *services only and who continue to meet Federal BCCTP criteria.* **State-only pregnancy-related and LTC; for individuals whose 0U eligibility has expired and who are determined to be still in need of breast or cervical cancer treatment.**	*Yes* ***Yes***	**Other**	*No*			*No*

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%									
							Effective Dates		
Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	SD/MC	Inactive in MEDS	EPSDT
1U	***Restricted*** *to pregnancy and Emergency Services*	*No*	*Restricted Federal poverty level – Aged (Restricted FPL – Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status* ***Emergency***	*Yes*	**Other**	*Yes*			*No*
3T	***Restricted*** *to pregnancy and emergency services*	*No*	*Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.* ***Emergency***	*Yes*	**Other**	*Yes*			*No*

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%									
							Effective Dates		
Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	SD/MC	Inactive in MEDS	EPSDT
3V	***Restricted*** *to pregnancy and emergency services*	*No*	*Section 1931(b) (FFP). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996.* ***Emergency***	*Yes*	**Other**	*Yes*			*No*
48	**Restricted** to pregnancy related services	No	Income Disregard Program. **Pregnant –** Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.	Yes	**Other**	Yes			No
5F	***Restricted*** *to pregnancy and emergency services*	*Y/N*	*OBRA Aliens. Covers non-immigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.* ***Emergency***	*Yes*	**Other**	*Yes*			*No*
5J	***Restricted*** *to pregnancy and emergency services*	*No*	*Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.* ***Emergency***	*Yes*	**Other**	*No*			*No*
5R	***Restricted*** *to pregnancy and emergency services*	*Yes*	*Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with a SOC.* ***Emergency***	*Yes*	**Other**	*No*			*No*
5T	***Restricted*** *to pregnancy and emergency services*	*No*	*Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.* ***Emergency***	*Yes*	**Other**	*Yes*			*No*

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%									
							Effective Dates		
Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	SD/MC	Inactive in MEDS	EPSDT
5W	***Restricted*** *to pregnancy and emergency services*	*No*	*Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.* ***Emergency***	*Yes*	**Other**	*Yes*			*No*
55	***Restricted*** *to pregnancy and emergency services*	*No*	*Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color Of Law (PRUCOL). LTC services: State-only funds;* ***Emergency*** *and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.*	*Yes*	**Other**	*Yes*			*No*
58	***Restricted*** *to pregnancy and emergency services*	*Y/N*	*OBRA Aliens. Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.* ***Emergency***	*Yes*	**Other**	*Yes*			*No*
6U	***Restricted*** *to pregnancy and emergency services*	*No*	*Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no share of cost) to qualified disabled individuals/couples who do not have satisfactory immigration status.* ***Emergency***	*Yes*	**Disabled**	*Yes*			*No*
7C	***Restricted*** *to pregnancy and emergency services*	*No*	*100 Percent Program. Child – Undocumented / Nonimmigrant Status / [IRCA Amnesty Alien (Not ABD or Under 18)]. Covers* ***Emergency*** *and pregnancy related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.*	*Yes*	**Other**	*Yes*			*No*
7K	***Restricted*** *to pregnancy and emergency services*	*No*	*Continuous Eligibility for Children (CEC) program. Provides* ***Emergency*** *and pregnancy-related benefits (no share of cost) to children up to 19 years of age who would otherwise lose their no share of cost Medi-Cal*	*Yes*	**Other**	*Yes*			*No*

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%									
							Effective Dates		
Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	SD/MC	Inactive in MEDS	EPSDT
C1	Restricted Emergency /Pregnancy	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	*Yes*	**Other**	*Yes*			*No*
C2	Restricted Emergency /Pregnancy	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required	*Yes*	**Other**	*Yes*			*No*
C3	Restricted Emergency /Pregnancy	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	*Yes*	*Disabled*	*Yes*			*No*
C4	Restricted Emergency /Pregnancy	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	*Yes*	**Disabled**	*Yes*			*No*
C5	Restricted Emergency /Pregnancy	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	*Yes*	**Other**	*Yes*			*No*
C6	Restricted Emergency /Pregnancy	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.	*Yes*	**Other**	*Yes*			*No*
C7	Restricted Emergency /Pregnancy	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.	*Yes*	**Disabled**	*Yes*			*No*
C8	Restricted Emergency /Pregnancy	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.	*Yes*	**Disabled**	*Yes*			*No*

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Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%									
							Effective Dates		
Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	SD/MC	Inactive in MEDS	EPSDT
C9	Restricted Emergency /Pregnancy	No	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.	*Yes*	**Other**	*Yes*			*No*
D1	Restricted Emergency /Pregnancy	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	*Yes*	**Other**	*Yes*			*No*
D2	Restricted Emergency /Pregnancy	No	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	*Yes*	**Other**	*Yes*			*No*
D3	Restricted Emergency /Pregnancy	Yes	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	*Yes*	**Other**	*Yes*			*No*
D4	*Restricted Emergency /Pregnancy*	*No*	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	*Yes*	**Disabled**	*Yes*			*No*
D5	*Restricted Emergency /Pregnancy*	*Yes*	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	*Yes*	**Disabled**	*Yes*			*No*
D6	*Restricted Emergency /Pregnancy*	*No*	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	*Yes*	**Disabled**	*Yes*			*No*
D7	*Restricted Emergency /Pregnancy*	*Yes*	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	*Yes*	**Disabled**	*Yes*			*No*
D8	*Restricted Emergency /Pregnancy*	*No*	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.	*Yes*	**Other**	*Yes*			*No*

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~~**Rev. 12/02/11**~~

Title XIX (EMERGENCY) FFP 50% and XXI (PREGNANCY) Enhanced FFP 65%									
							Effective Dates		
Code	Benefits	SOC	Program / Description	DMH	MEG	ADP	SD/MC	Inactive in MEDS	EPSDT
D9	*Restricted Emergency /Pregnancy*	*Yes*	MI-Confirmed Pregnancy (FFP). Covers person's aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.	*Yes*	**Other**	*Yes*			*No*

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